

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	12/04/2023 15:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/04/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6351S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JUAY NAM
NRIC No	S7613827C
Email Address	KEN.TAN@IWEARS.COM.SG
Mobile Phone No	(Phone) +65-90019765
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000996576

DRIVER

Name of Driver	TAN YAN CHING, MAUREEN
NRIC No	S9110476H
Date Of Birth	24/03/1991
Occupation	Indoor

Date Of Driving Pass	21/10/2017
Driving experience	5 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98807585
Alt. Phone Number	-
Email Address	MAUREENTYC@GMAIL.COM
Address	171 HOUGANG AVE 1 #08-1465 S.530171
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6596H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 12/04/2023
Policyholder's Signature / Date & Time

 12/04/23
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan


Describe Circumstance of the Accident


I was driving on the right lane, going to make a 'U turn' in front. I turn back to my right because I heard a honk and when I turn back to the front, I hit the taxi at the right back.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

I/We declare the foregoing particulars are true in every respect.

 12/04/2023
Policyholder's Signature / Date & Time

 12/04/23
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)





































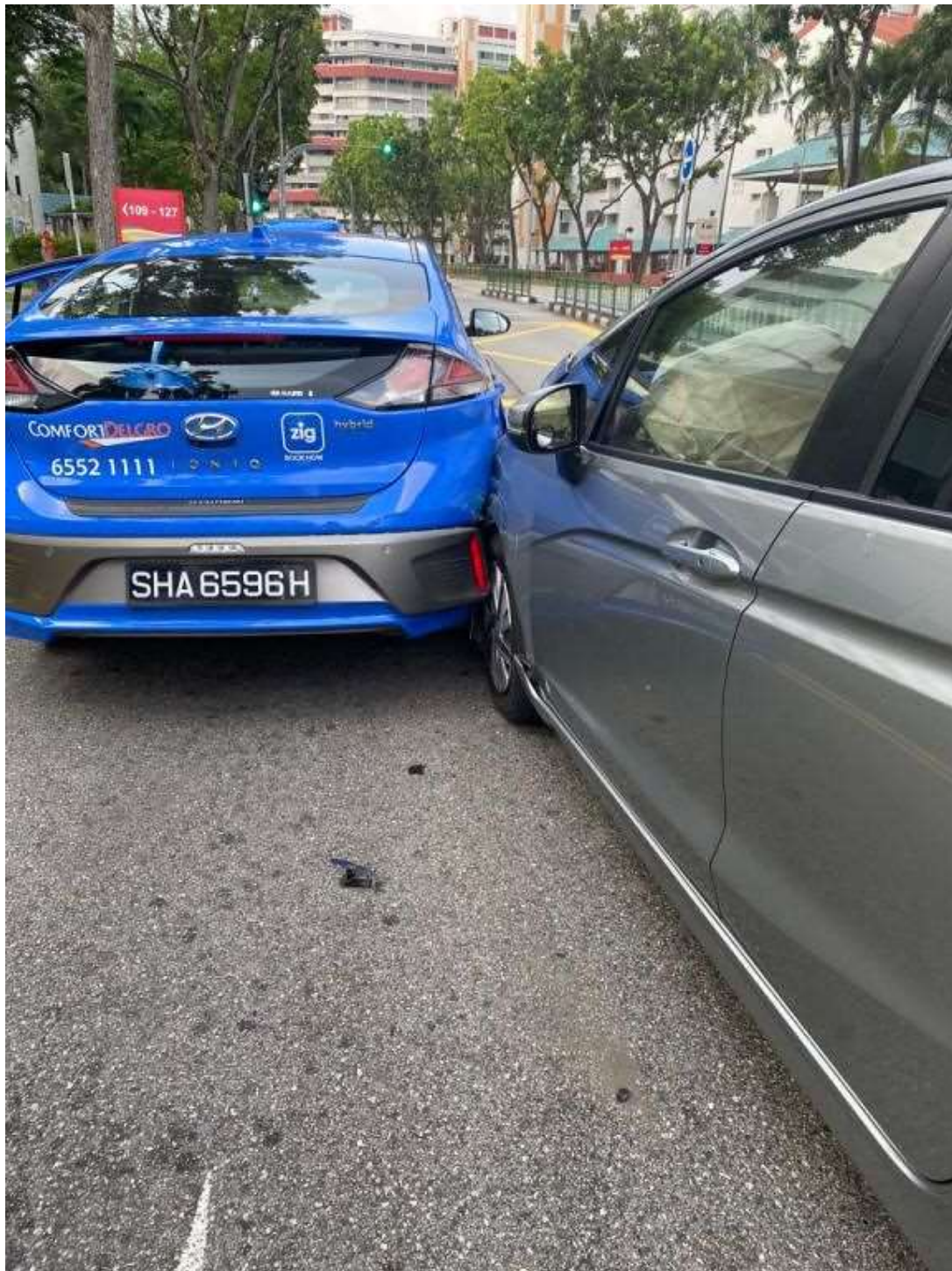














Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE
ALLIANZ MOTOR PROTECT

ORIGINAL

Date	:	02 March 2023		
Policy Number	:	SP2000996576		
Type of Cover	:	ALLIANZ MOTOR PROTECT		
Plan Type	:	Comprehensive		
Intermediary	:	PROFESSIONAL INVESTMENT ADVISORY SERVICES PTE LTD		
Intermediary Code	:	0000184		
Policyholder/Insured	:	TAN JUAY NAM		
Correspondence Address	:	171, HOUGANG AVENUE 1 #08-1465 SINGAPORE 530171		
Replacing Cover Note No.	:	NA		
Period of Insurance	:	From 05/03/2023 To 04/03/2024 (Both Dates Inclusive)		
Premium Payable	:	S\$ 632.35		
GST 8%	:	S\$ 50.59		
Total Premium Payable	:	S\$ 682.94		
Make and Model	:	Honda SHUTTLE		
Agreed Value	:	MARKET VALUE	Off Peak Car	: No
Registration No.	:	SLL6351S	Good Driver Discount	: Yes
Year of Manufacture	:	2016	Body Type	: Wagon
Engine Capacity	:	1496.0	Engine No.	: L15B3539126
Chassis No.	:	GK81007800	Windscreen	: UNLIMITED
Hire Purchase Owner	:	HONG LEONG BANK	No Claims Discount	: 50 %
Additional Cover	:	NA		
Named Drivers	:	TAN JUAY NAM		
Excess	:	Own Damage	S\$	600.00
	:	Windscreen Damage	S\$	100.00